

# FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD



Annual Report  
July 1, 2000 to June 30, 2001



Mental Health, Mental Retardation and Alcohol and Drug Services

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## Mission

The mission of the Fairfax-Falls Church Community Services Board is to:

- Serve Fairfax-Falls Church residents with or at risk of severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; or alcohol or drug abuse or dependency.
- Empower and support the people we serve to live self-determined, productive, and valued lives within our community.
- Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential, and other support services in a personalized, flexible manner appropriate to the needs of each individual and family whom we serve.

## Vision

People receive individualized, quality services when they need them in addition to active support and acceptance in the community.

The Fairfax-Falls Church Community Services Board meets at 7:30 p.m. on the fourth Wednesday of each month. Meetings are held at the Government Center in Fairfax, Virginia. The public is invited to attend. Call the Board Calendar, 703-324-7035, for meeting room number.

# MESSAGE FROM THE CHAIRMAN.....

*Dear Friends and Colleagues:*

*Each year as we prepare the Annual Report, I'm impressed by the number of people whom we serve – over 20,000 — and the many accomplishments of our staff and private sector partners. This year is no different.*

*It is difficult to select any single accomplishment or challenge for special mention since there are so many and each one is so important. However, let me draw attention to a few items that seem to be truly significant as we consider the future of our community and our service delivery system.*

*This past year we completed the Communities That Care® Survey which provided a wealth of information on the prevalence of alcohol and drug use by our high school students. The results are summarized on pages 18 and 19 of this report. What is most commendable is the way that all interested parties were able to come together and conduct the survey in a remarkably brief period of time. Subsequently, the Board of Supervisors, the City Councils and the School Boards all took an active role in ensuring that this information was made available to the community and used for planning future program direction. We look forward to continuing this survey which will have many uses as we plan for the future welfare of our children.*

*The advent of more effective medications and new medical and psychiatric treatments continues to present some very challenging issues. In addition, as the population ages, we are encountering an increasing array of medical issues with all the consumers that we serve that frequently have a direct bearing on the treatment and support we offer. As a result, we are faced with increased medical costs that exceed normal inflation. We must also devote more staff time to administering medications, monitoring the side effects of medications, training on new treatment protocols, and ensuring that our clients have access to the full range of health care.*

*While one may debate the exact number of persons in our community who have inadequate access to health care – including behavioral health care, there can be no debating that the number is too high and it seems to be getting larger. This problem, which is national in scope, is primarily caused by the growing number of persons who do not have adequate private health insurance. As a result, a much larger segment of our population is now reliant on public agencies, such as the Community Services Board, for their only access to health care.*

*Finally, I must draw attention to our input into the State's Biennial Comprehensive Plan for Mental Health, Mental Retardation and Substance Abuse Services. The results are summarized beginning on page 29 of this report. These data provide additional validation of the continuing and growing demand for services.*

*As always, on behalf of the Board and staff, but especially on behalf of our clients and their families, I want to thank you for your continued help and support.*

*Sincerely,*

*Jessica Burmester, Chair of the Board*





## PACT Reduces Need for Hospitalizations

The Fairfax-Falls Church Program of Assertive Community Treatment (PACT) has reduced hospital usage for consumers by 86 percent. According to state outcome measurements released July 12, 2001, the program has helped consumers decrease state hospital admissions by 79 percent and total days in the hospitals by 86 percent when comparing admissions during similar time periods before PACT services and after PACT services. These data demonstrate the success of the program in helping consumers with serious and persistent mental illness achieve their goal of living in the community.

The experience of one of the program participants, Mr. E, illustrates the effectiveness of the program. Mr. E is a middle-aged consumer who suffers with schizophrenia and experienced many years of psychiatric problems and housing instability, including multiple hospitalizations and incarcerations. Mr. E. was discharged to PACT after an eleven-month hospitalization into a PACT-subsidized apartment which he has successfully maintained for over a year with the team's PACT's outreach assistance. The PACT Team visits Mr. E several times a week to assist him with his medications, housekeeping and nutrition needs and responds quickly when needed to prevent serious problems that might arise. As Mr. E. became more active in his community, PACT's vocational specialist helped him find a volunteer position where he works weekly. In addition, he also serves with another of the Team's consumers as a consumer representative on the statewide PACT Steering Community.

Mr. E. recently told PACT's advisory board, *"PACT saved my life... I would still be in the hospital, homeless or in jail if it wasn't for PACT."*

## Mental Health Services' Mobile Crisis Unit Helps to Address County Problems

Mobile Crisis Unit (MCU) experienced an increase of thirty-two percent in referrals from other County agencies. Of particular significance was the Unit's participation in the new interagency "Hoarding Task Force," which includes Fire and Rescue, Health Department, Zoning, Building Inspections, Adult Protective Services, County Attorney, and Board of Supervisor staff. When a hoarding case is identified, the Mobile Crisis Unit is often asked to go out to the individual's home, conduct a mental health evaluation and make an assessment of the person's ability to care for themselves.

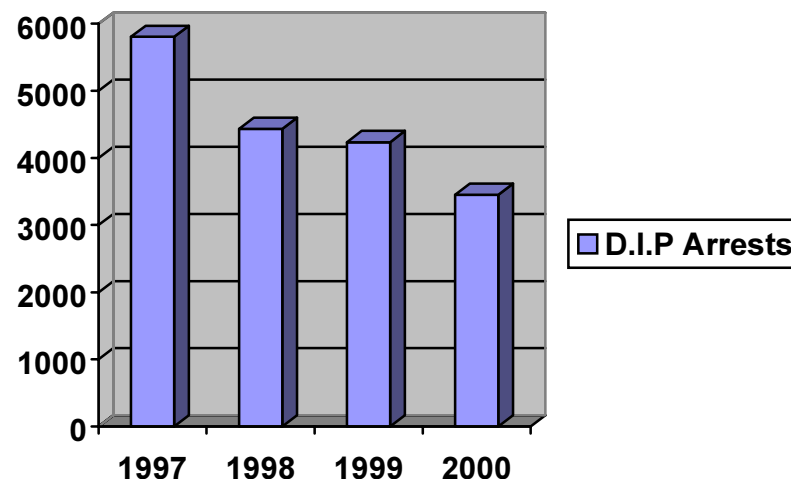
# ACCOMPLISHMENTS .....

## Jail Diversion Program

The Jail Diversion Program represents a successful partnership between Alcohol and Drug Services (ADS) and the Fairfax County Police Department. The program was created in 1998 when the Virginia Department of Criminal Justice Services requested that ADS work with the Police, Magistrate's Office and Sheriff's Department to develop a program to address the high rate of Drunk in Public (D.I.P.) arrests in Fairfax County. The objective of the program is to reduce D.I.P. arrests by providing the police with a time saving alternative to arrest that may also serve to interrupt the individual's substance abuse cycle.

The program offers non-violent individuals who are drunk in public and have committed no other crimes the option of going to "sobering up services" at the Fairfax Detoxification Center instead of an arrest. This provides a "win-win" situation in that the Police have more time to address serious crimes and ADS is able to provide intervention and treatment for substance abuse issues. Approximately 25 percent of the clients admitted into the program go on to receive substance abuse, mental health, housing and medical services.

These services result in a reduction in the rate of recidivism among those arrested for D.I.P. As shown in the graph below, the D.I.P. arrest rate has dropped in Fairfax County by approximately 40 percent since the inception of the Diversion Program in 1988 as a result of the cooperative working relationship between the Fairfax County Police Department and the Diversion Team. In the coming years, the Program will be facing funding challenges as the Department of Criminal Justice Services is not expected to cover the actual costs of the program.



## New Opportunities for Employment Services for Individuals with Mental Retardation

Led by the Fairfax-Falls Church Community Services Board, a contract bidding process was completed to establish multiple year contracts with providers of day support and vocational services. The process was conducted on behalf of the five CSBs of Northern Virginia in order to improve the efficiency of the process for both vendors and the jurisdictions. The contracts totaled \$24.5 million, with \$11 million targeted to serve over 1,000 individuals in the Fairfax-Falls Church area.



## Mental Health Youth Residential Programs

The Youth Residential Programs operated by the CSB's Mental Health Services are increasingly challenged in meeting the complex needs of the children and adolescents in the Fairfax-Falls Church area who require intensive residential treatment. In order to better serve this population program capacity was reduced over the past four years from a total of 35 beds to 28 beds at four sites. The utilization of the programs was decreasing and the staffing pattern and treatment model were not keeping up with the service demand for children with serious emotional disturbances. The children who need these programs would have formerly been served in inpatient psychiatric settings. The goal in every client placement is to maintain an active family with continuing and future responsibility for the child and this has resulted in an enhanced family focus in the programs.

In response to these trends the Youth Residential Programs blended two of the programs for adolescent girls, closing one site, and increasing the staffing capacity at all the remaining sites. The overall youth residential capacity was only reduced from 28 beds to 26 beds. The staff were re-deployed to provide adequate staffing at the remaining three sites and the programs were thus enhanced to meet the intensive needs of the service population.

Today Fairfax House serves 12 adolescent boys whose families participate in the program. My Friend's Place serves six children, both boys and girls, between the ages of five and twelve. Sojourn House serves eight adolescent girls. My Friend's Place and Sojourn House work very closely with the Department of Family Services foster care unit. The two agencies share in the mission to return a child from a successful intensive residential service experience to a family that is better equipped to meet the child's needs.

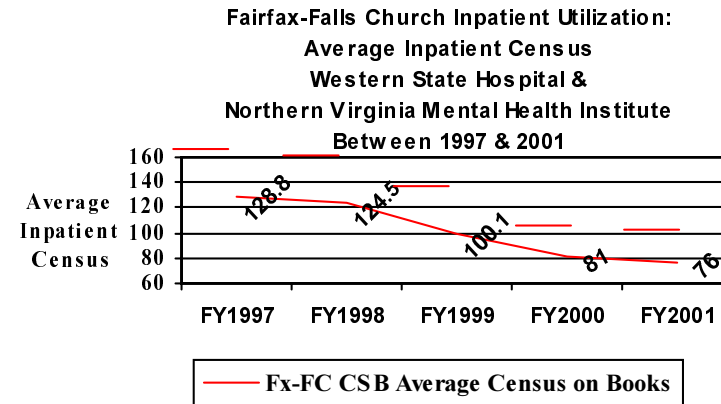
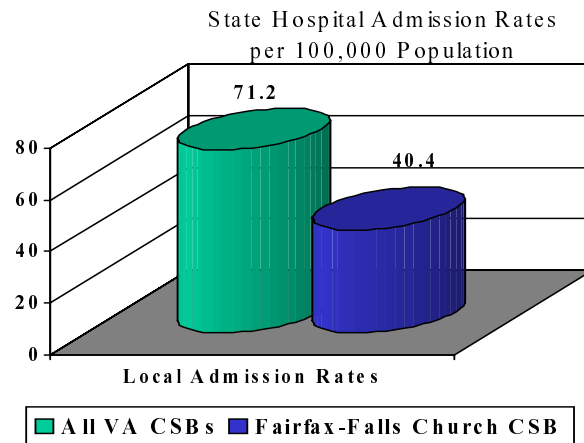
# ACCOMPLISHMENTS .....

## Mental Retardation Family Support Program Helps Families In Need

Over 190 individuals and their families were supported through the Family Support Program with additional State funding. The program is easy to use, sensitive to cultural preferences and responsive to the needs of care-giving families. A committee made up of family members recommends policy changes and decides on special need funding requests. Funding was used to provide nursing services, personal assistance, needed supplies and equipment, and assistive technology.

## CSB Use of State Mental Health Facilities in 2001

With the continual growth and evolution of community-based services, the use of State Mental Health Facilities has declined as consumers are able to live successfully and receive services in the community. The Fairfax-Falls Church Community Services Board provides assertive discharge planning to persons in state facilities.



## Over 20,000 People Served by the CSB ...

Persons Served		
Services	Number	Percent
Mental Health	11,270	56.2%
Mental Retardation	1716	8.6%
Alcohol & Drug	5954	29.7%
Part C	1094	5.5%
<b>Total</b>	<b>20,034</b>	

## Our Private Partners

### **National Recognition for Psychiatric Rehabilitative Services, Inc.**

Psychiatric Rehabilitation Services, Inc. (PRS) was recognized by the Department of Labor, Office of Disability Employment Policy as one of the top 24 supported employment programs in the nation for persons with psychiatric disabilities. PRS provides a range of day support and employment services to adults experiencing serious mental illness.

### **ServiceSource Inc. Continues to Expand Services for Individuals with Disabilities**

ServiceSource Inc. secured new Federal and State grant funding for technology training, vocational placement of under-served populations, and on-the-job support. In addition, new service capacity in mail center management, food service operations, grounds maintenance, administrative support, vehicle identification, document processing, and custodial support were added.

### **Helping Teens in Crisis**

The Alternative House Emergency Shelter for young persons 13 to 17 years old provided shelter, counseling, and follow up services to more than 200 teens. The program is designed to motivate the teens to work hard at solving the crisis that they are experiencing.

### **Support of Self-Determination**

The Community Services Board is working with The Arc of Northern Virginia, an advocacy organization on behalf of people with mental retardation, and ServiceSource, Inc., a contract provider and the fiscal intermediary for this project, to bring self-determination to the region. Individuals with mental retardation who participate in this project have authority over financial resources in deciding what resources are needed, how they will be used and who will provide them.



# ACCOMPLISHMENTS .....

## Helping Individuals with Mental Retardation with Employment

The Cooperative Employment Program, which is jointly operated by the Community Services Board and the Virginia Department of Rehabilitative Services, supported 96 individuals in competitive employment. These individuals earned an average hourly wage of \$8.74. During the entire year, the participants collectively earned wages totaling \$1,400,000.

## Early Intervention Services (Part C)

Early Intervention Services continues to experience an increase in referrals. A recent data analysis by the Fairfax County Department of Systems Management for Human Services indicated that referrals increased from 515 in 2000 to 576 in 2001. Similarly the number of multidisciplinary evaluations increased from 476 to 580. Early Intervention Services continues to focus on serving families and children in the community and in the context of their unique learning needs.

An internal study of quality and compliance with Federal regulations was conducted.

An outreach video was collaboratively developed with families and Fairfax County Cable. The video was shown on Channel 16's County Magazine show and has been a tool for public awareness events.

Outreach activities included a booth on Children's Avenue at the Fairfax Fair and participation in a regional outreach workshop for nurses hosted by Inova.

A community based resource guide to respite services was developed for families and community agencies. Through a collaborative contract with The Arc of Northern Virginia, an advocacy organization on behalf of people with mental retardation, a website was developed to connect families with community resources and to enhance community based respite services to the families.



## Increasing Demand for Youth and Family Services

The child and youth population in the Fairfax-Falls Church area has continued to grow over the last decade. However, even though the service capacity of many of the agencies that serve these youth has increased, the CSB Mental Health Youth and Family Services resources to provide treatment, assessment and case management services has remained static. Mental Health Youth and Family Services is an integral partner in the inter-agency planning and service provision for children and their families, especially through its participation in the Comprehensive Services Act (CSA) process. As the needs have continued to grow the number of children and their families who experience long waits for service has also grown. Currently, there are 81 youth waiting to begin mental health treatment. The average wait for treatment is 81 days. A challenge for Youth and Family Services is to provide quality and timely services with existing resources in the face of the ever increasing need for services by the youth in the community.

### Fairfax County Public School System Enrollment

Year	Special Education Enrollment	Total Enrollment
1991	6,448	131,988
2001	12,162	165,016
2010 (projection)	12,793	176,930

## Need for Emergency Residential Services for Individuals with Mental Retardation

Every year Mental Retardation Services is presented with an average of 20 people who need emergency residential services, usually when a parent becomes seriously ill or dies and no one else is available to provide the long-term care that the individual requires. Without support services, the health and safety of these individuals is jeopardized.

# CHALLENGES .....

The State Comprehensive Plan for 2002-2008 documented that there were 608 individuals with mental retardation needing residential services. Of these 608 individuals, 223 have been identified as having an urgent need, meaning they could use the services immediately if they were available. This represents an increase from the 195 persons identified as having an urgent need a year ago.

A significant difference from last year is the growing number of individuals waiting for services that do not meet Medicaid waiver eligibility criteria. Of the 608 people identified as waiting for services, 222 were not eligible for state Medicaid waiver funding. Last year the total number of individuals waiting who were not Medicaid waiver eligible represented approximately 27 percent of the total number waiting. This year the number represents 37 percent.

## **Waiting List for Individuals with Mental Retardation Needing Residential Services**

**608 Total  
223 Urgent**

## **Establishing the Need for a Juvenile Drug Court for Fairfax County**

During FY 2001 the of the Fairfax-Falls Church Community Services Board members have embarked on the task of studying the need for a Drug Court in Fairfax County as one of its key initiatives in their Strategic Plan. The Alcohol and Drug Committee has been assigned lead responsibility to research, educate, partner and pursue the development and establishment of a Drug Court. During the course of this year the Alcohol and Drug Committee has reviewed numerous articles and national outcome studies regarding the Drug Court movement in the United States. It is the committee's recommendation that the Court system should apply for a federal Drug Court Planning Grant.

In pursuit of this goal CSB Board and staff have attended the Virginia Drug Court Association's Annual Conference and have met with staff of the National Association of Drug Court Professionals. Committee members are eliciting support of members of the Community Criminal Justice Board, the Criminal Justice Advisory Board, members of the Board of Supervisors, relevant agency directors and staff in criminal justice and human service agencies and the community.

## Continuing Increase in Use of Psychotropic Medications

The CSB has continued to experience a growing demand for medically based services, including the yearly increase in the number of consumers who require medications and the rising incidence of medical disorders in the populations that are served.

The reliance on medication as an integral part of clinical services has significantly increased across the continuum of care. This has resulted in an increase in the percentage of clients who receive medications as a part of their treatment across all CSB programs. These medications bring additional costs to the CSB, not only in the actual cost of the medications, which for FY 2001 totaled \$2,957,923, but also in the services of psychiatric nurses and case managers, who are necessary adjuncts to the medication services that are provided. Despite increased funding from the State, the use of Indigent Funds from the pharmaceutical companies and drug samples from the pharmaceutical representatives to help defray the costs of these medications, additional funding is needed to expand staff resources to support the medication clinics and to provide case management. Additional funds are also needed to make these medications available to all consumers who would benefit from them.

## Growing Need for Primary Medical Care

As the need intensifies to coordinate medical and psychiatric care, Medication Services staff faces the difficulty of finding and linking consumers with primary medical care. With the use of many medications there is accompanying weight gain and health problems related to obesity, such as diabetes. Medication Clinics have responded with an increased focus on medical screening, referrals for medical care, and education on nutrition and weight management to lessen the probability of these serious health problems.

Persons with mental retardation are now living longer and as a result, many experience the same health and aging related issues as the general population. Also, many are more medically fragile, and may require special diets, oxygen tubes or gastrointestinal tubes for feeding. Case Managers are required to monitor the status of these medical conditions, the medications the individual takes and the possible side effects. Special training for case managers is a major requirement and must be an increasing emphasis in the future.

# CHALLENGES .....

Despite these many needs, it is difficult to access medical care for the consumers in the system. There are few providers who accept Medicaid. The Health Department's Affordable Health Care Programs have a long and continuous waiting list for new patients and they do not accept patients on Medicaid or on Medicaid spend down. Consumers who work but do not have health insurance are often not eligible for Affordable Health Care services because their income exceeds the Clinic's guidelines. These and other factors of eligibility or access result in significant difficulty in assuring essential medical tests, such as an EKG, glaucoma tests, and diabetes checks. Preventive care has been shown to control costs and improve the quality of life, but it is very difficult to access for many CSB consumers.

## Affordable Housing

Individuals with disabilities, like all other citizens, need safe, affordable housing. However, the expense of housing, often combined with the stigma associated with their disability, make it difficult for these individuals to secure housing.

The current average rent for a two-bedroom apartment in Fairfax County is \$1181 per month. A person with disabilities receiving Supplemental Security Income (SSI) payments or employed and earning less than \$10,000 per year cannot afford to live in Fairfax County without a rental stipend. According to the FY 2003 Fairfax County Redevelopment and Housing Authority Annual Plan, there are over 6,661 families currently on the combined Housing Choice Voucher (HCV) and Public Housing Waiting List who are waiting for housing units and rental assistance. In the State Comprehensive Plan for 2002-2008, the CSB documented that there were 493 persons with substance abuse problems, 471 individuals with mental illness, or serious emotional disturbance, and 608 persons with mental retardation who need some type of residential service.

Without affordable housing, and the varying amounts and types of services needed to help support them in the community, many persons with disabilities will continue to live at home with aging parents or will cycle in and out of hospitals and homeless shelters.

### Persons in Need of Residenital Services

Substance Abuse	493
Mental Illness, or	471
Serious Emotional Disturbance	
Mental Retardation	608



## Increasing Numbers of Medically Indigent Persons Served

National trends in health insurance indicate that in 2000 11.6 percent of children under age 18 and 17.6 percent of adults age 18 to 64 are uninsured (U.S. Census Bureau, Current Population Survey). Based upon the combined Census 2000 population of Fairfax County, Fairfax City, and Falls Church City of 1,001,624 persons, it is estimated that 82,098 residents at all income levels are uninsured. There were at least 13,000 uninsured children, under age 18, in Fairfax County according to 1996 data and approximately 19,000 uninsured children, under age 19, in the combined Fairfax County, Fairfax City, and Falls Church City area according to 2000 data.

Available indicators show a continuing problem. From 1997 through 1998, there were 10,752 children served in locally supported non-Medicaid funded primary health care programs. Over 10,000 children were enrolled in Medicaid. In 1998, an estimated 2,000 uninsured children were not receiving primary health care services through Medicaid or publicly financed local programs. In addition, during the last decade while physical health benefits have dropped 7 percent, behavioral healthcare benefits decreased by an estimated 54 percent.

The Sixth Annual National Survey of 360 employers conducted in 2001 on Purchasing Value in Health Care, conducted jointly by Watson Wyatt Worldwide, the Washington Business Group on Health and the Healthcare Financial Management Association indicated that overall health care costs increased 10.3 percent in 2001. The cost of providing prescription drug benefits increased the most by 14.6 percent. To combat rising costs seven out of 10 employers plan to increase employee premiums while half will increase employee co-payments. However, about half say they will absorb at least some of the increase themselves. However, 14 percent plan to reduce or eliminate coverage for certain services, resulting in an increase of uninsured persons nationwide.

Uninsured residents, including special needs infants and the increasing immigrant population, are placing increased demands for services on publicly supported health and behavioral healthcare programs.

By 2010 Fairfax County is projected to have 1.1 million persons of whom approximately 132,100 will be uninsured. When benefits are limited, exhausted or denied, people stop treatment, pay out of their pockets or seek treatment in the public sector. The burden for public mental health and substance abuse services will fall to the CSB.

# CHALLENGES .....

## The Challenge of A Growing and Increasingly Diverse Population

The population of the Fairfax-Falls Church CSB service area is increasing at a significant rate. From 1990 to 2000, there was an 18 percent increase in the combined total population of Fairfax County, Fairfax City, and Falls Church City, with another 16 percent increase expected by the year 2010 when the population will be almost 1.15 million. Along with this growth has been a corresponding increase in the diversity of the population served. As represented in the 2000 Census, 13 percent of the Fairfax-Falls Church area residents were Asian, 8 percent were Black or African-American, 65 percent were White, and 3 percent were multi-racial or of another race. Also, 11 percent of the population were Hispanic or Latino. There are over 100 languages spoken in the area. Increasingly, our community has become multi-cultural and multi-linguistic, requiring specialized training for service providers.

The changing County demographics are having a significant impact on service provision. The demands of an increasingly multi-cultural population create the need to develop language as well as diverse cultural competencies in staff. Many of these individuals have difficulty accessing the critical services available to the English-speaking residents and many do not have insurance benefits and are in the low-income level and cannot access services in the private sector. There has been a major increase in the need for bilingual staff, although it continues to be difficult to recruit and retain bilingual staff.

**Comparison of Characteristics of Persons Served  
by the CSB in 1991 and 2001**

		ADS		MH		MR	
		1991	2001	1991	2001	1991	2001
Race	Asian	2 %	4 %	3 %	6 %	3 %	10 %
	Black/African American	22 %	27 %	18 %	22 %	8 %	11 %
	White/Caucasian	70 %	51 %	75 %	59 %	87 %	76 %
	Other	6 %	18 %	4 %	13 %	2 %	3 %
Hispanic Origin		7 %	23 %	6 %	12 %	2 %	10 %

## Workforce Crisis Impacting the Most Disabled Consumers

Across the nation there is an increasing shortage in the availability of home health care workers, nursing assistants, and other paraprofessionals who provide long-term care and support to individuals on a daily basis. The labor pool of individuals interested in working in direct care positions within the human service field is shrinking, as more technology-based and other more lucrative career opportunities become available.

This is the case here in the Fairfax-Falls Church area among the many different private provider organizations that provide both vocational and residential support services for persons with mental retardation or serious mental illness. Over this past year, private providers have reported unprecedented staff vacancies and turnover rates for direct care staff and first line supervisors. The inability to raise wages, lack of career growth opportunities, and demanding workloads and schedules are major factors in the recruitment and retention of direct service staff. Increased recruitment and staff training efforts, in conjunction with high staff vacancy rates, result in higher direct costs for providers. In addition, providers and Mental Retardation Services are faced with quality assurance challenges and limitations on service capacity expansion to meet the demand for individuals waiting for community-based services.

A major factor for Medicaid waiver providers in Virginia that contributes to the workforce crisis is the Medicaid rate of reimbursement for residential, in-home and day support services. Since the beginning of the Medicaid waiver program in Virginia ten years ago, there has been no significant increase in these rates of reimbursement, nor is there a differential for the northern Virginia region where the cost of providing services is higher than in other areas of the state. As a result, providers are experiencing increased difficulty in maintaining services. In this past year, one provider closed two programs in Fairfax and is no longer providing community-based adult residential services to people with mental retardation in northern Virginia.

# THANKS

"You all gave me another chance, chance to have a better life. Now I will have another life and I promise I won't waste it. I know I can do it. Why? Because I had known you. Thank you all for your time to listen to me and for your support."

"Please accept my thanks for the counseling treatment you have provided for my son. The advice you have given me has helped me become a better parent. I feel that because of the counseling you have provided to us, he has a much brighter future. I am so very grateful."

To: Staff

From: Virginians  
Aligned  
Against Sexual  
Assault (VAASA)

"You and your staff do an incredible job. You are a role model to many people in the VAASA community. You have met, and exceeded, most standards."

# DOMESTIC VIOLENCE

The Domestic Abuse and Sexual Assault Program (DASA) works with the community to provide direct services and prevention and education services about domestic abuse and sexual assault.

DASA has three program components:

**Crisis Shelter**, which provides shelter to individuals who are fleeing domestic violence;

**Anger and Domestic Abuse Prevention and Treatment Program (ADAPT)**, which provides education and treatment to individuals who have been violent toward their intimate partners or significant others; and

**Victim Assistance Network**, which provides a 24-hour hotline, sexual assault survivor therapy as well as domestic abuse and sexual assault prevention and education.

The Domestic Abuse and Sexual Assault Services Program (Women's Shelter, Victim Assistance Network (VAN) and Anger and Domestic Abuse Prevention and Treatment (ADAPT)) received one of the two annual "Giving Hope" awards from the Fairfax County Domestic Violence Coalition for providing care, concern and devotion to victims of domestic violence.

ADAPT - Anger and Domestic Abuse Prevention and Treatment program met the Virginians Against Domestic Violence and the Coalition for the Treatment of Abusive Behaviors Standards and became the only fully certified batterer intervention program in Fairfax County in FY 2001. In 1998, the Commission on Family Violence Prevention of the Supreme Court of Virginia charged Virginians Against Domestic Violence and the Coalition for the Treatment of Abusive Behaviors to develop and implement Standards for services designed to intervene in domestic violence through treatment and education for the perpetrators of the violence.





# MOVES FORWARD .....

Fairfax Domestic Abuse and Sexual Assault Program (DASA) became a certified domestic violence program by Virginians Against Domestic Violence.

The Victim Assistance Network (VAN) met the Standards of Virginians Aligned Against Sexual Assault and was certified as a Sexual Assault Crisis Center.

The Virginia Department of Social Services awarded a domestic abuse grant to the CSB Domestic Abuse program for additional crisis shelter beds/apartment.

The Victims Assistance Network (VAN) Program received funding from the Virginia Department of Health for a staff position for the continuation of sexual assault prevention services to teens, their families and agency service providers.

The Virginia Department of Criminal Justice funded a position for sexual assault outreach services.

## Private Funds Help Domestic Violence Program

An advocacy group was formed as a business community service effort to raise funds and “wish list” donations for the CSB Domestic Violence programs. Kally Elton, CEO and Patty Dillon, CFO of MTL Services International, Inc. and Susan Iacaruso, owner of Beau Totale Salon & Spa formed this group and conducted several fundraisers. They presented a check for nearly \$3500 to the Northwest Center Advisory Board to help support shelters for victims of domestic violence.



## Communities That Care® Youth Survey

In January 1999, the Youth Drug Abuse Task Force Report recommended conducting a survey in Fairfax County for the purpose of gathering local data related to the use and prevalence of alcohol and drug use by adolescents. In June 1999, the Human Services Council and the Board of Supervisors requested that a *Survey Implementation Team* be convened to research and recommend a survey. In August 1999, the Fairfax County Public School Board reviewed and approved administration of a survey. *The Survey Implementation Team* included County and School staff and a community representative. The *Team* reviewed six national surveys and selected the Communities That Care (CTC) Survey for implementation in January 2000. The CTC survey was selected as the most comprehensive assessment of youth risks and assets, and for ability to add customized questions. Additional questions included health, mental health, and safety issues.

The CTC survey was administered in January 2000 in Fairfax County Public Schools. Survey respondents included 40 percent of the 8<sup>th</sup> (4,047), 33 percent of the 10<sup>th</sup> (3,832), and 33 percent of the 12<sup>th</sup> (3,453) grade youth. The survey results are generalizable to  $\pm 1.0$  to the 8<sup>th</sup> through 12<sup>th</sup> grade population, which totals 54,469 students.

## CTC Survey Results

With few exceptions, students in Fairfax County reported slightly less use than students nationally.

## Alcohol Use

- More than one-half (53.4%) of 12<sup>th</sup> graders indicated use of alcohol in the past 30 days. Almost one-third (31.0%) of 12<sup>th</sup> graders reported binge drinking in the past two weeks.
- 1 out of 3 youth (18,156) reported drinking in the last 30 days.
- 1 out of 5 youth (10,893) reported binge drinking in the two weeks prior to the survey.

# PREVENTION SERVICES .....

## Drug Use

- Hallucinogens and marijuana are the most frequently used drugs.
- 1 in 5 youth (10,893) report using marijuana at some point in their life and 1 in 7 youth (7,781) reported using marijuana within the last 30 days.
- Inhalant use was reported highest amongst 8<sup>th</sup> graders. 1 out of every 100 youth (544) report using inhalants at some point in their life and 1 out of every 400 (136) youth report using inhalants in the last 30 days.
- 1 out of every 100 youth (544) have used hallucinogens during their life and 1 out of every 400 youth (136) have used hallucinogens in the last 30 days.
- 780 youth have used heroin in their life and 288 youth have used heroin in the last 30 days.

## Mental Health Issues

- 34.9 % (19,009) responded that over the last 12 months they had felt sad or hopeless for days or weeks at a time.
- 18.5% (10,076) of youths responding to the survey indicated that they had seriously considered suicide in the past year, with little variation in responses by grade level.
- 8.2% (4,466) of Fairfax respondents indicated one or more attempts at suicide in the past 12 months.

## Antisocial Behavior

- 11.8% (6,427) reported being drunk or high at school.
- 11.1% (6,046) report attacking someone with the intent to hurt them.
- 4.0% (2,178) report having been arrested.
- 5.8% (3,159) have sold illicit drugs.
- 2.3% (1,252) have stolen, or have attempted to steal a motor vehicle.
- 7.2% (3,921) have been suspended from school.
- 2.7% (1,470) have carried a handgun.
- 6% (3,268) have taken a handgun to school.
- 5% (2,723) have carried a weapon other than a handgun to school.

# PREVENTION SERVICES

## Second Annual Girl Power Conference

The Second Annual Girl Power Conference was held in June at Langston Hughes Middle School in Reston, Virginia. More than 200 girls participated in the conference. Girl Power is a 32-week substance abuse prevention program for 10 to 15 year-old girls that helps them resist alcohol and other drugs and learn positive problem-solving skills. The program is currently located in 18 sites across the county and activities are held in schools, community centers, family resource centers and at public housing communities. The luncheon keynote speakers were two players from the Washington Mystics who delivered a message to the girls about how self-esteem and goal setting can help them achieve their goals. In addition, the Honorable Cathy Hudgins, Hunter Mill District, Board of Supervisors, was the morning session keynote speaker. Girl Power is a program that follows principles of evidence-based practices. The Girl Power program has demonstrated the following results from the 98-00 schools years:

- 86% of the participants completed the program
- 78% of the participants were satisfied with the program
- 62% had an increase in grades
- 70% had an improvement in school attendance
- 73% of these students had no record of disciplinary behavior in school during the school year

## Grants Received to Continue Prevention Programs

In June 2001, the Governor's Office on Substance Abuse Prevention awarded the CSB three grants to continue several prevention programs. Funding was received to continue the Girl Power program, to conduct a formal evaluation of the Girl Power program and to continue youth leadership activities.

## Family Intervention Services Provide Hope

Family intervention services assists families in changing their behaviors as it relates to their addiction. The program has become more family systems oriented, allowing family members to take a more active role in their personal recovery, while taking steps to help the substance abuser begin his/her own treatment. In FY 2001, nearly 300 inquiry calls were received and nearly half of the callers received additional services



# PREVENTION SERVICES .....

## **Fairfax Leadership and Resiliency Program Receives Governor's Recognition**

The Fairfax Leadership and Resiliency Program is designed to reduce teen substance use among high school-aged youth. The program is also known as the “Puppet Project” because of the highly visible puppet shows that program participants perform for local elementary school children. The Leadership and Resiliency Program has produced strong positive outcomes in participants as well as a strong collaborative relationship with the Fairfax County Public Schools. The program has been rigorously evaluated with demonstrated outcomes and is under review for Model Program status with the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration. The Governor of Virginia officially recognized the program for program excellence. The program staff also presented National Prevention Network Annual Research Conference and at the Oklahoma Prevention Research Conference.

## **Interagency Partnerships Hit a Hole in One**

The Youth Golf Initiative of Region One, a partnership between Alcohol and Drug Services Prevention Unit (ADS), the Fairfax County Park Authority, the Department of Systems Management for Human Services, the Department of Family Services and Hilltop Driving Range in Alexandria offers at-risk teenagers and pre-teens instruction in the game of golf. The lessons start at Hilltop's range where the kids practice for four weeks before moving to Greendale Golf Course for the second four weeks to learn golf etiquette, scoring and the rules of play through actual time on the course. Grants are being sought to continue the program and provide all youth who complete the program with a set of youth golf clubs, which will be purchased at a discount through the Sports Authority, and a five round pass for Greendale.



The Fairfax County Caddy Mentoring Program, a collaboration of ADS, Reston Community Center, the Park Authority and Capital City Golf Schools, provided an opportunity for youth to earn money and gain insights into a variety of useful skills. Youth participated in a week long caddy training program and then had the opportunity to work at Twin Lakes Golf Course and participate in a weekly golf clinic. Youth discussed how their experiences as golf caddies might assist them in the prevention of substance abuse in groups. The program ended with a graduation in August.



# VOLUNTEER SERVICES

## Accomplishments

### CSB Programs Receive Nearly \$550,000 Dollars Worth of Volunteer Support!

Using the Virginia Employment Commission's average hourly wage of \$17.79 an hour, the CSB estimates that in FY 2001 it received \$521,738 of support from volunteers.

Over 400 volunteers provided services to benefit CSB consumers and programs.

A total of 30,156 hours of service were provided to all programs.

### Fairfax County Volunteer Service Award

The CSB Mental Health Services Volunteer Office nominated NOVA of Lockheed Martin Management and Data Systems for the Corporate Volunteer Award. The NOVA group participates yearly in the Holiday Wishes program in both the Adopt a Family and Adopt a Group Home programs, and helps to coordinate, fund and implement several beautification and landscaping projects at MH residential sites.

The NOVA group was awarded the Corporate Volunteer excellence in service award out of twelve other nominees.

### State CSB Volunteer Recognition Ceremony

The Northwest Center for Community Mental Health Advisory Board was recognized at the State Mental Health, Mental Retardation and Substance Abuse Services Board's Volunteer Recognition Ceremony for its ongoing support and advocacy toward obtaining additional beds for the Fairfax-Falls Church Women's Shelter. The Board obtained over 850 signatures on a petition, placed articles in local papers, and testified at public budget hearings.

### Staff Presents Curriculum at National Conference

The Friendship Skills Training Curriculum that was designed by the Volunteer Program in the spring, was presented at the Community Living Association for Persons with Mental Retardation (CLAMR) conference. Approximately 40 professionals attended the training and received the training curriculum and leader's guide.



# VOLUNTEER SERVICES .....

## Keynote Address

The ADS Volunteer and Intern Program Coordinator was a keynote speaker at the initiation ceremony for the Mary Washington University Chapter of Psi Chi, the Psychology National Honor Society.

## International Volunteer Day

The General Assembly of the United Nations proclaimed 2001 the International Year of Volunteers, and the ADS Volunteer and Intern Program celebrated by announcing its registration as a United States partner in this initiative.

## Other Volunteer Highlights

The Volunteer Program of Mental Retardation Services has been staffed by a part-time, 20-hour a week position for thirteen years. In FY 2001, approval was obtained to increase the staffing to fulltime, and the process to hire a job share partner began.

The Be a Friend! program added group social events as an important means of providing face-to-face contact with the matches in order to observe them, and support and connect the participants. The program now has a fall picnic, a Valentine's Dance co-hosted by Best Buddies and the CSB and a spring dinner.

A local artist served as a mentor to consumers with artistic abilities. A consumer working with the artist designed the Be a Friend! logo and t-shirt designs. The artist provided the consumer with art supplies, has assisted with creating a portfolio and plans to have an art show for the consumer's artwork. An art workshop was held to help develop the artistic abilities of other consumers.

Volunteer's for Change (VFC) is a program of Volunteer Fairfax, the County's volunteer center. VFC volunteers sign up for one-time events. This fiscal year VFC volunteers staffed five Mental Retardation Services events.



# ..... COMMITMENT TO QUALITY IMPROVEMENT

## **CSB as a Learning Organization: Implementing Evidence Based Practice**

Every day the Fairfax-Falls Church Community Services Board strives to provide the highest quality Alcohol and Drug, Early Intervention, Mental Health and Mental Retardation services to hundreds of consumers by assuring that we maintain what is good in our system and focusing on strengthening areas that need improvement.

The CSB developed a strategic vision and action plan for fiscal year 2002, 2003 and 2004 that sets a path toward evidence based practice and fiscal stability. The CSB's Quality Improvement Council leads the CSB in promoting evidence-based practices. Evidence based practice is the use of treatment methods, pharmaceutical protocols, assistive technology and other supportive services that have been scientifically demonstrated to benefit clients and consumers.

Highlights of Additional Quality Improvement Activities Include:

- Friends of QI Council, which includes CSB executive, senior management & support staff from each service area meets every other month to review reports that are used to improve processes and treatment for directly operated and contract programs.
- An annual Quality Improvement Plan has been developed and implemented.
- Initiated Health Insurance Portability and Accountability Act (HIPAA) Compliance Risk Assessment to ensure the CSB will be in compliance with HIPAA requirements in 2002 and 2003.
- Staff Credentialing System assures internal documentation of formal staff training, licensure, and credentials for over 900 direct care staff
- Service monitoring, review, data collection, and report preparation coordinated for at least 32 separate Federal, State, & Local information reports, including performance outcomes measurement system (POMS) and human rights.
- Collaborated with State and Local Government offices on Performance Improvement Initiatives.
- Conducted medical records and pharmaceutical reviews and client satisfaction surveys.

# STAFF TRAINING .....

The CSB Training Committee conducts an annual staff training needs assessment, coordinates agency training activities, develops a system-wide training plan, processes training requests, and oversees the annual budget. Annual training plans are developed based on emerging programmatic needs, clinical priorities, and staff requirements and requests. Each disability area is represented on the CSB Training Committee.

In FY01, each area provided a number of training activities for staff and CSB contract staff. In addition to monthly community workshops and required trainings, several clinical training opportunities were offered.

A Number Of Topics included:

- Dialectical Behavioral Therapy
- Motivational Interviewing
- Obsessive-Compulsive Disorder Treatment
- Psychosocial Approaches in Working With Persons With Schizophrenia
- Treating Clients With Hearing Loss
- Relapse Prevention
- Excessive Anger and Chemical Dependency
- Measuring and Managing Outcomes for Community Services
- Aging: Dealing With Behavioral Changes
- Making Ethical Decisions for Consumers
- Pharmacological Interventions and Treatment of Drugs of Abuse
- Hoarding Conference with Northern Virginia elderly and related Public Safety Programs

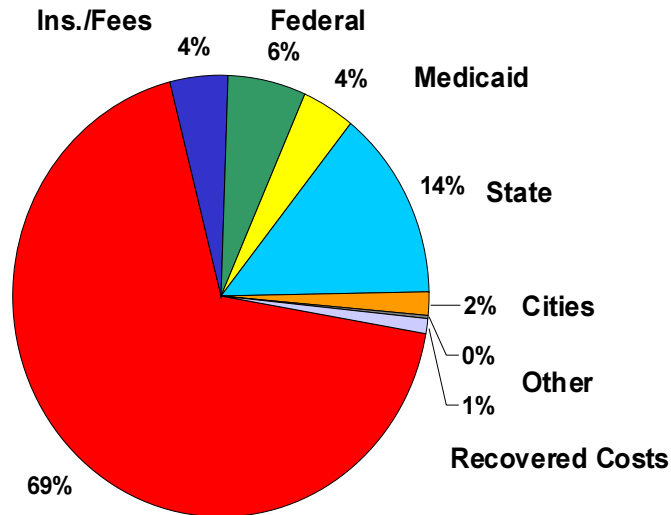


Training formats ranged from half-day to two day trainings.

In addition, the committee coordinated agency Crisis Intervention training, Medication Administration training, a workshop on Stress Management, and a multicultural training series on health, fitness, and nutrition for staff working with consumers who receive psychotropic medication.

# FINANCIAL SUMMARY

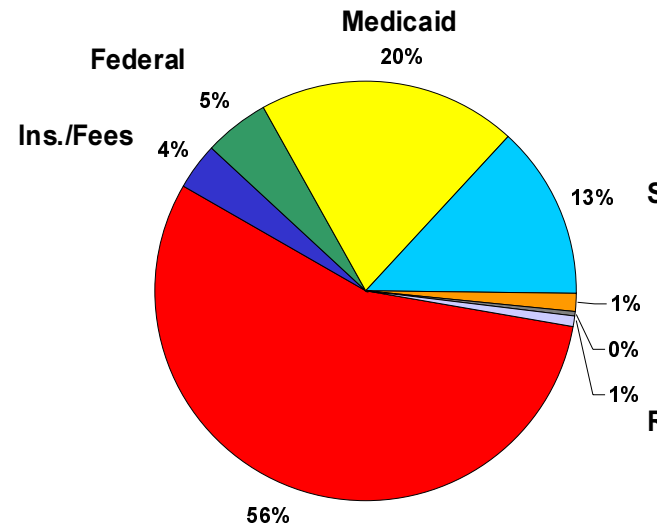
FY 2001 CSB Revenues  
(Without Off-Budget Funds)



Fairfax County

<b>Fx Co.</b>	<b>\$67,936,678</b>
<b>Ins./Fees</b>	<b>\$4,388,092</b>
<b>Federal</b>	<b>\$6,137,739</b>
<b>Medicaid</b>	<b>\$4,212,787</b>
<b>State</b>	<b>\$13,768,512</b>
<b>Cities</b>	<b>\$1,698,501</b>
<b>Other</b>	<b>\$215,689</b>
<b>Recovered Costs</b>	<b>\$1,164,808</b>
<b>Total</b>	<b>\$99,522,806</b>

FY 2001 CSB System Revenues  
(With Off-Budget Funds Paid  
Directly to Vendor)



Fairfax County

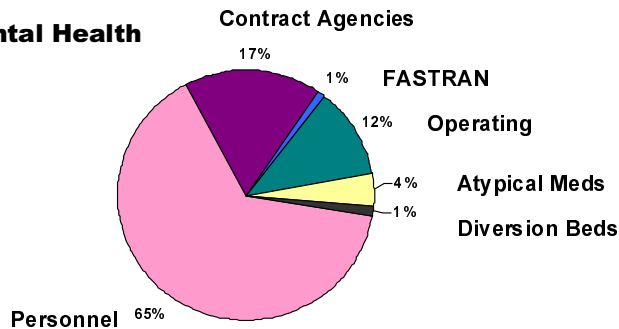
<b>Fx Co.</b>	<b>\$67,936,678</b>
<b>Ins./Fees</b>	<b>\$4,388,092</b>
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<b>Recovered Costs</b>	<b>\$1,164,808</b>
<b>Total</b>	<b>\$99,522,806</b>



# FINANCIAL SUMMARY.....

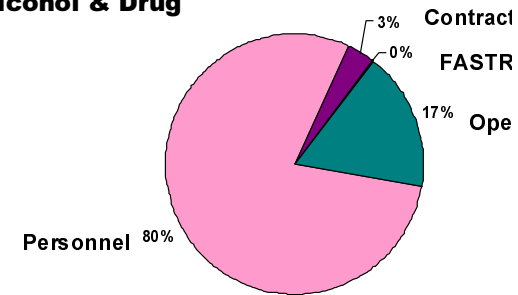
## FY 2001 CSB Expenditures With Off-Budget Funds Paid Directly to Vendors

### Mental Health



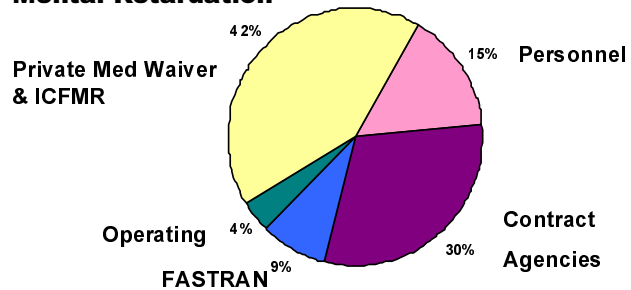
Personnel	\$29,438,856
Contract Agencies	\$7,878,245
FASTRAN	\$508,497
Operating	\$5,393,888
Atypical Meds	\$1,923,911
Diversion Beds	\$594,000
Total	\$45,737,397

### Alcohol & Drug



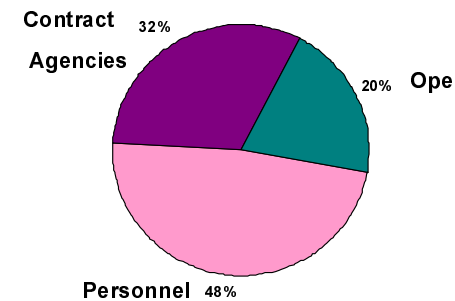
Personnel	\$18,107,420
Contract Agencies	\$793,112
FASTRAN	\$24,156
Operating	\$3,963,291
Total	\$22,887,979

### Mental Retardation



Personnel	\$7,439,234
Contract Agencies	\$14,622,670
FASTRAN	\$4,146,161
Operating	\$1,779,051
Private Med Waiver & ICFMR	\$20,315,900
Total	\$48,303,016

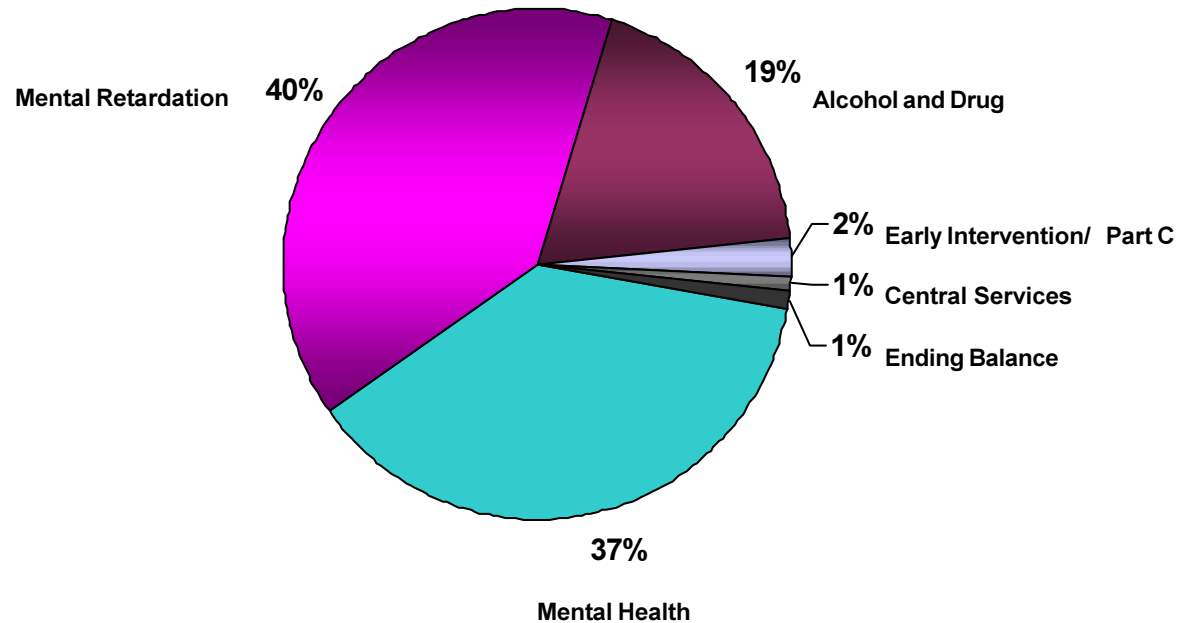
### Early Intervention/Part C



Personnel	\$1,441,519
Contract Agencies	\$956,775
Operating	\$608,725
Total	\$3,007,019

## FY 2001 CSB Expenditures With Off-Budget Funds Paid Directly to Vendors

### Total CSB System



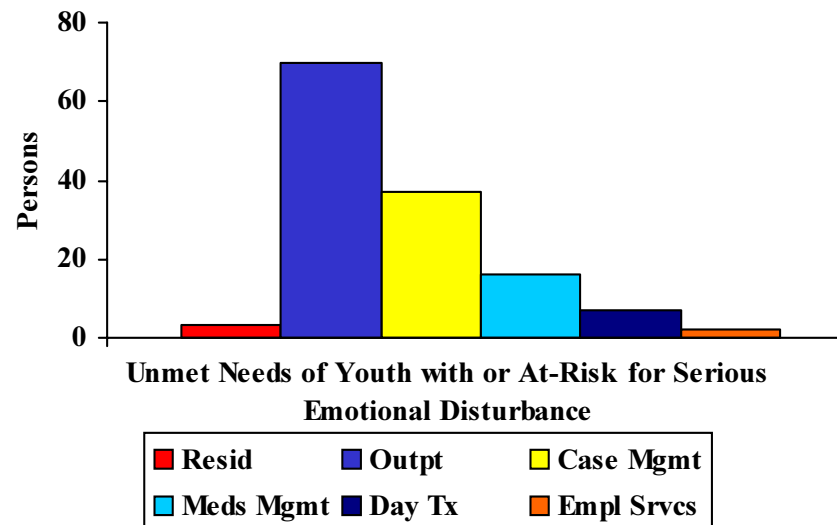
Mental Health	\$45,737,397
Mental Retardation	\$48,303,016
Alcohol & Drug	\$22,887,979
Early Interv/Part C	\$3,007,019
Central Services	\$1,071,679
Ending Balance	\$1,349,527
<b>Total</b>	<b>\$122,356,617</b>

# COMPREHENSIVE STATE PLAN .....

## CSB Documents Unmet Service Demand

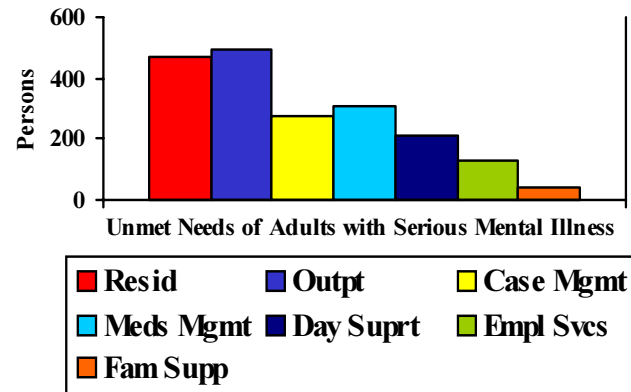
A recent survey that documents unmet service demand found that over 2,400 persons are waiting for CSB services. The survey was conducted as a part of the development of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services' Comprehensive State Plan for 2002 – 2008. CSB staff reviewed almost 10,000 case records that were open on April 2, 2001 and documented that there are over 2,400 persons who are not receiving required services that were included in the survey. In every service category, the demand for services exceeds the current capacity available through the CSB. The data collected demonstrates that almost every one of the CSB service components have waiting lists as shown in the following graphs:

For Youth with or At Risk for Serious Emotional Disturbance, the most pressing needs are for Outpatient, Case Management, and Medications Management Services.

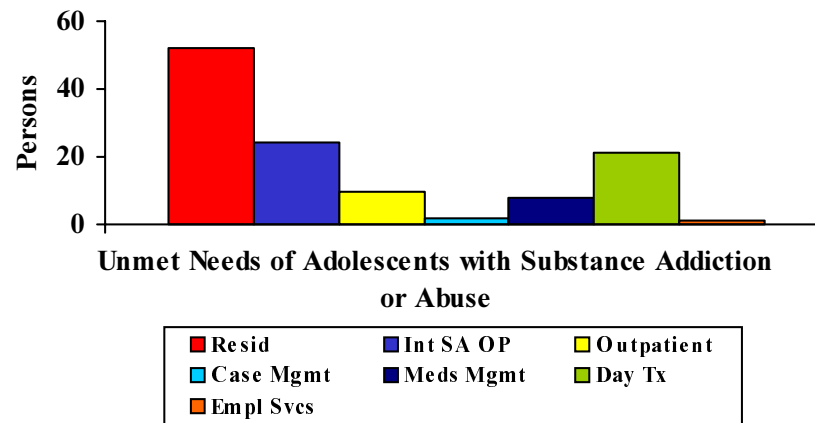


# COMPREHENSIVE STATE PLAN DATA

- There are extensive waiting lists for Adults with Serious Mental Illness for Outpatient and Residential Services, as well as for Medications Management, Day Support, and Employment Services.

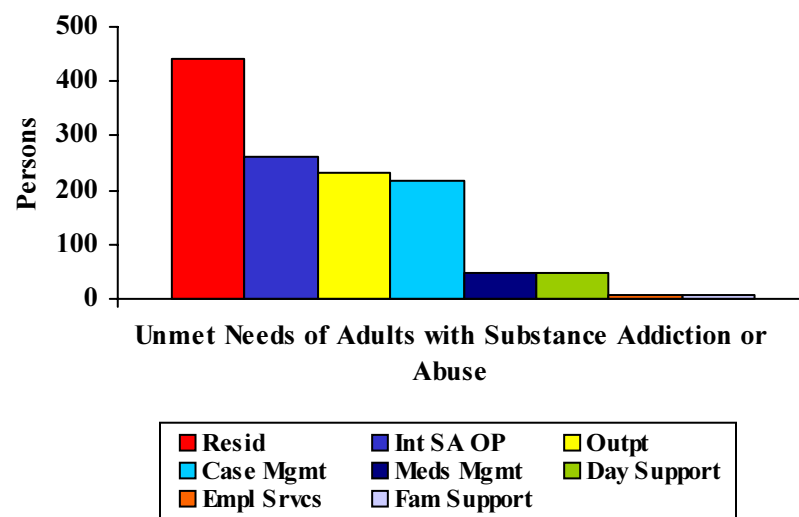


- Residential, Intensive Substance Abuse Outpatient, and Day Treatment are the most needed services for Adolescents with Substance Addiction or Abuse problems.

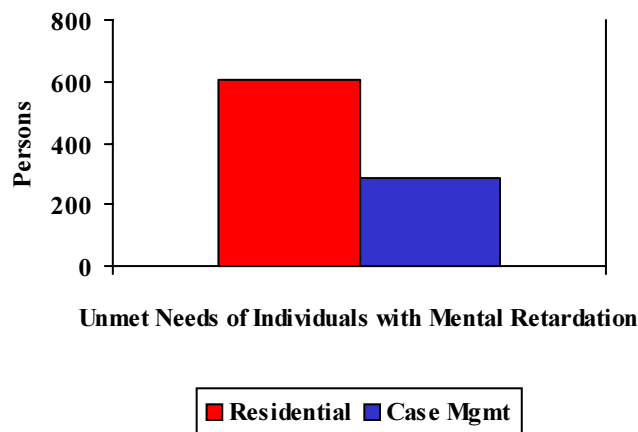


# COMPREHENSIVE STATE PLAN DATA .....

- Adults with Substance Addiction or Abuse are primarily waiting for Residential Services, but there are long waits for Intensive Substance Abuse Outpatient, Outpatient, and Case Management Services.



- The unmet needs of Individuals with Mental Retardation fall into two categories: Residential and Case Management Services.





### Characteristics of Persons Served by CSB Program Areas FY 2001

Persons Served *		ADS	MH	MR	Early Intervention (Part C)
Age	0 - 17	18%	14%	20%	95%
	0 - 2				5%
	3 - 5				
	18 - 22	15%	10%	12%	
	23 - 59	66%	70%	65%	
	60+	1%	6%	3%	
Gender	Male	77%	54%	58%	61%
	Female	23%	46%	42%	39%
Income Level	\$ 0 - \$9,999	40%	63%	90%	8%
	10,000 - 24,999	35%	23%	8%	11%
	25,000 +	25%	14%	2%	81%
Race	Asian	4%	6%	10%	10%
	Black/African American	27%	22%	11%	11%
	White/Caucasian	51%	59%	76%	78%
	Other	18%	13%	3%	1%
Hispanic Origin		23%	12%	10%	15%

### Services Provided by CSB Program Area

Persons Served **		ADS	MH	MR	Early Intervention (Part C)
Emergency		1872	7084		
Outpatient/Case Management		3078	5282	1105	
Methadone		33			
Day Support		307	775	1224	
Residential		2275	1913	850	
Family Support				190	
Early Intervention		612	462		1094
Transportation		10	259	596	
Inpatient			88		

\* This is an unduplicated count of persons served.

\*\* Some CSB clients participate in more than one program or service.

**MAKING SERVICES BETTER THROUGH CONTINUOUS QUALITY IMPROVEMENT:  
FY 2001 CLIENT SATISFACTION SURVEY**

<b>Service</b>	<b>Percent Satisfied</b>
Mental Health Adult Outpatient Services	87%
Mental Health Adolescent Day Treatment	90%
Alcohol and Drug Adult Outpatient Services	90%
Alcohol and Drug Day Support Women's Recovery	90%
Alcohol and Drug Emergency Services	99%
Alcohol and Drug Residential Crossroads	86%
Alcohol and Drug Residential Methadone	100%
Alcohol and Drug Residential Phoenix	90%
Mental Retardation Case Management Services	98%
Mental Retardation Alternative Day Support	99%
Mental Retardation Day Support- Contract	84%
Mental Retardation Residential Directly Operated Group Homes	84%
Mental Retardation Contract Group Homes	93%
Mental Retardation Day Support	94%
Early Intervention	92%

# CSB PROGRAM MAIN LOCATIONS

## CSB Central Services

Human Services Center  
12011 Government Center Parkway  
Suite 836  
Fairfax, VA 22035-1105  
703-324-7000  
703-802-3015( TTY)

## Alcohol & Drug Services

**Administrative Office**  
3900 Jermantown Road  
Suite 200  
Fairfax, VA 22030  
703 -934-5476  
703-538-5292 (TTY)

**Adult Services**  
**Assessment and Referral Center**  
3900 Jermantown Road  
Suite 201  
Fairfax, VA 22030  
703-359-7040  
703-538-5292 (TTY)

**ADS Youth Services**  
6118 Franconia Road  
Suite 217  
Alexandria, VA 22310  
703-971-4806

14150 Parkeast Circle  
Suite 200  
Chantilly, VA 20151  
703-968-4053

107 Park Place  
Falls Church, VA 22046  
703-533-5634

1850 Cameron Glen Drive  
Suite 500  
Reston, VA 20190  
703-481-4004

## Mental Health Services

**Administrative Office**  
12011 Government Center  
Parkway  
Suite 836  
Fairfax, VA 22035-1105  
703-324-7095  
703-802-3015 (TTY)  
703-573-5679  
(24-hour emergency)

**Mount Vernon Center**  
8119 Holland Road  
Alexandria, VA 22306  
703-360-6910  
703-799-4363 (TTY)

**Northwest Center**  
1850 Cameron Glen Drive  
Suite 600  
Reston, VA 20190  
703-481-4100  
703-481-4110 (TTY)

**Woodburn Center**  
3340 Woodburn Road  
Annandale, VA 22003  
703-573-0523  
703-207-7737 (TTY)  
703-207-6976 (en Espanol)

**Services for Deaf  
& Hearing Impaired  
Persons**  
8348 Trafford Lane  
Suite 400  
Springfield, VA 22152  
703-866-2100  
703-451-1245 (TTY)

## Mental Retardation Services

**Administrative Office**  
12011 Government Center Parkway  
Suite 300  
Fairfax, VA 22035  
703 -324-4400  
703-324-4495(TTY)

## Early Intervention Services

3750 Old Lee Highway  
Fairfax, VA 22030  
703-246-7121

## Cooperative Employment Program

11150 Main Street  
Suite 300  
Fairfax, VA 22030-5066  
703-359-1124  
703-359-1126 (TTY)

## Community Services Board Executive Staff

**James A. Thur**  
M.S.W., M.P.H.  
*Executive Director*

**Mary W. Kudless**  
M.S.N. R.N. C.S.  
*Deputy Director*

**Mental Health Services**  
John DeFee, Ph.D.  
*Director*

**Mental Retardation Services**  
Alan Wooten  
*Director*

**Alcohol & Drug Services**  
Richard L. Kunkel, L.C.S.W.  
*Director*

# PARTNERS IN DELIVERING SERVICES



## Mental Health Services

Alternative House

Beyond Behaviors, Inc.

Braley & Thompson, Inc.

Child Help

Comfort Cottages

Community Residences, Inc.

CSS, Inc.- Cardinal House

Family & Youth Outreach Services, Inc.

Family Preservation Services

Family Teamwork, Inc.

Family Trauma Services

For Children's Sake

Gateway Homes

Graydon Manor

ICON Community Services

Inova, Cameron Glen

Inova, Mount Vernon Hospital

Learning Services Corporation

Leay Educational Foundation

Multicultural Clinical Center

Northern Virginia Family Services

Oconbomowoc Development Training Center

Pathway Homes, Inc.

Psychiatric Rehabilitation Services, Inc.

ServiceSource, Inc.

Sunrise Assisted Living

Tall Oaks of Reston

United Community Ministries, Inc. (UCM)

Virginia Baptist Hospital - Bridges



## Mental Retardation Services

Abilities Network

CARECO, Inc.

Central Fairfax Services, Inc.

CHIMES, Virginia

Community Living Alternatives, Inc.

Community Residences, Inc.

Community Systems, Inc.

Didlake, Inc.

ECHO, Inc.

E-TRON Systems, Inc.

Gabriel Homes, Inc.

Hartwood Foundation

ICON Community Services, Inc.

Job Discovery, Inc.

Langley Residential Support Services, Inc.

Mount Vernon-Lee Enterprises, Inc.

Resources for Independence  
of Virginia, Inc.

ServiceSource, Inc.

SOC Enterprises

St. Coletta Day Support Program

St. John's Community  
Services, Inc.-OPCO

Volunteers of America-Chesapeake

Woodmont Center (Arlington  
Community Services Board)



## Alcohol & Drug Services

Alexandria Community Services Board

Second Genesis, Inc.

Vanguard Services Unlimited



## Early Intervention Services

The Chesapeake Center, Inc.

# Community Services Board Members

(Members as of November, 2001)

Jessica Burmester <i>Chairman</i> Braddock District	Frances M. Hicks Mount Vernon District
Dave Redman <i>Vice Chairman</i> At-Large	Robin W. Ihara At-Large
Cynthia Warger, Ph.D. <i>Secretary</i> At-Large	Mike Jackson Office of the Sheriff
Renee M. Alberts At-Large	Anngienetta R. Johnson Hunter Mill District
Jan Boldt, Ph.D. City of Falls Church	Kathleen M. May Springfield District
Luz M. Diago Mason District	Ben Pepper Lee District
Charles Fletcher, DDS City of Fairfax	Roxann P. Ridley Dranesville District
Trudy Harsh Sully District	Herbert W. Taylor Providence District

# **Numbers to call for help for yourself or someone you care about**

---

24-Hour CSB Emergency Services

Phone: 703-573-5679/ TTY: 703-207-7737

Fairfax Detoxification Center

Phone: 703-502-7000/TTY: 703-207-7737

Alcohol and Drug Entry & Referral Services

Phone: 703-222-4145/ TTY: 703-481-4110

Mental Health Entry & Referral Services

Phone: 703-222-4145/ TTY: 703-481-4110

Mental Retardation Services

Phone: 703-324-4400/ TTY: 703-324-4495

Annual Report Editorial Board:

Ruth Gerbec

John Morrow, Ph.D.

Graphic Design & Layout:

Debbie Hutchison



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12011 Government Center Parkway, Suite 836  
Fairfax, VA 22035-1105  
Telephone: 703-324-7000  
Fax: 703-803-9687  
Fax: 703-802-3015

CSB wesbsite address:

[Http://www.co.fairfax.va.us/service/csb/homepage.htm](http://www.co.fairfax.va.us/service/csb/homepage.htm)

E-mail : [wwwcsb@co.fairfax.va.us](mailto:wwwcsb@co.fairfax.va.us)



Helping to Build a Healthier Community Since 1969!